



UPDATE

PDTS CSSC

The Pharmacy Data Transaction Service Customer Service Support Center

PDTS will provide a common patient drug profile for all DoD beneficiaries worldwide, allowing prescriptions to be reviewed against all previous prescriptions filled at any point of service in the Military Health System, including military treatment facilities, retail network pharmacies, and the National Mail Order Pharmacy.

The PDTS/TMSSC Customer Service Support Center has been established to support users of PDTS.

The Pharmacy Data Transaction Service (PDTS) is a centralized data repository established by the Department of Defense (DoD) to provide a common patient drug profile for all beneficiaries. PDTS is part of the initial phase of the Integrated Pharmacy System (IPS), which is being implemented throughout the Military Health System (MHS) by the Office of the Secretary of Defense Health Affairs TRICARE Management Activity (TMA). DoD has contracted with a private sector pharmacy claims manager, Healtheon WebMD (formerly MedE America), to operate and maintain the centralized data repository.

How will PDTS Work?

All MHS activities, including military treatment facilities (MTFs), retail network pharmacies, and the National Mail Order Pharmacy (NMOP), will be required to electronically transmit selected patient, drug, and provider data elements to PDTS using national standard message codes established by the National Council for Prescription Drug Programs. Transactions will be transmitted at the time of prescription ordering (for MTF providers) or dispensing (at MTF pharmacies, retail pharmacies, and the NMOP). Each MHS activity will receive warning messages and alerts (e.g., drug-drug interactions, duplication of therapy) generated from PDTS transactions.

PDTS is expected to allow DoD to improve the quality of its prescription service, reduce the likelihood of adverse drug reactions, and reduce pharmaceutical costs by conducting Prospective Drug Utilization Reviews (PDURs) on each new and refill prescription against the beneficiary's complete drug profile. The central data repository will also allow DoD to monitor and track drug usage and provider prescribing patterns throughout the MHS. Key personnel working the PDTS project include LTC William Davies at TMA; MAJ Donald DeGroff at the PEC; and Tom Illig, Tim Locher, and Suzanne Bauman at Healtheon WebMD.

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Contacting the CSSC...

Normal duty hours will be 0730 to 1630 Central Standard Time, Monday through Friday. Problem resolution will be available 24 hours per day, seven days per week.

Access to the CSSC will be provided via TMSSC's Automatic Call Distribution (ACD) system.

Customers who are having problems with PDTs may place a trouble call by dialing:

Commercial
(210) 536-4150

DSN
240-4150

Or toll-free:

CONUS
1-800-600-9332

OCONUS
(AT&T access code)-
1-800-981-5339

The PDTs/TMSSC Customer Service Support Center

The CSSC has been established as part of the DoD Pharmacoeconomic Center (PEC), under the oversight of MAJ Don DeGroff. According to the statement of work for the PDTs project, the PEC has direct responsibility for CSSC operational functions. However, day-to-day operation of the center will be performed by the Triservice Medical Systems Support Center (TMSSC), located at Brooks Air Force Base in San Antonio, TX. CSSC staff are currently in the process of training with TMSSC and learning the intricacies of PDTs. (See Page 5 for profiles of CSSC personnel.)

Customer Service Support Center Functions

- * Trouble call resolution
- * Obtain NCPDP numbers for all MTF dispensing sites
- * Assist MTFs with Drug Enforcement Agency (DEA) numbers for data clean-up
- * Assist MTFs with National Drug Code (NDC) number identification
- * Assist in processing prescription requests for drugs requiring prior authorization
- * Prepare standardized and ad hoc management reports

Trouble call resolution

The primary function of the CSSC is to provide support for all trouble calls generated from PDTs transmissions. Once PDTs is deployed, the CSSC will operate 24 hours a day, 7 days a week. A customer service consultant will triage all trouble calls, with the goal of resolving each call on initial contact. Questions that need to be referred to the CSSC clinical support staff may necessitate a return telephone call or e-mail message. Problems with PDTs software will be referred to Healtheon WebMD for resolution.

To ensure trouble calls are processed efficiently, callers are requested to provide the following information on all calls to the CSSC:

- * Caller's last name, first name, and phone number
- * Location site, organization and NCPDP#
- * Patient name and Rx number if appropriate
- * Perceived cause of trouble (clinical, DEA#, NDC#, technical, etc.)
- * Branch of service managing the location site
- * Caller's status (pharmacist, technician, provider, etc.)
- * Concise description of problem or requested action

Obtain NCPDP numbers for all MTF dispensing sites

All pharmacies that dispense prescriptions to outpatients must have a valid and unique National Council for Prescription Drug Programs (NCPDP) identification number for each different dispensing location. The CSSC is in the process of collecting the required data from MTFs in order to complete applications for NCPDP numbers for each separate dispensing location. The CSSC will submit the applications to NCPDP. Once a confirmation sheet is returned by NCPDP, the assigned numbers will be provided to authorized MTF personnel who must enter the number and pharmacy location into the Composite Health Care System (CHCS) just prior to deployment of the PDTS software upgrade. Failure to request a number for a specific location will result in that location being unable to generate prescription labels as transactions will not be processed by PDTS.

The CSSC will maintain a hard copy file of all NCPDP number application forms along with the data submitted by the MTF. The CSSC will also maintain a Microsoft Access file that will identify (by Service) each MTF, its specific dispensing locations, and the unique NCPDP number assigned to that location, as well as a list of all DoD MTFs and the number of designated dispensing locations. Any change in demographic information should be reported to the CSSC. The CSSC will inform NCPDP of changes in demographic data in order to ensure accuracy of the NCPDP National Registry Database, which includes all dispensing locations and their corresponding NCPDP numbers.

Each Chief of Pharmacy or their designee must notify the CSSC in order to open or close a dispensing location and obtain or inactivate a NCPDP number. MTFs who are moving a dispensing location can use the same NCPDP number but they must notify the CSSC of changes in administrative or demographic data. MTFs should request a new NCPDP number or report changes in demographic information as soon as possible but at least 30 days prior to activation of PDTS at the location. NCPDP numbers should remain active for at least 90 days after closure of a dispensing location to ensure proper documentation of reversals and subsequent interventions.

The following e-mail address has been established so that MTFs can provide the CSSC with the information needed to apply for a NCPDP number:

tmssc.ncpdp#@tmssc.brooks.af.mil

All pharmacies that dispense prescriptions to outpatients must have a valid and unique National Council for Prescription Drug Programs (NCPDP) identification number for each different dispensing location.

MTFs should submit the following information for each separate dispensing location:

- * Pharmacy name (e.g., Main Pharmacy, Refill Pharmacy, TMC Pharmacy)
- * Physical address (e.g., 27 Smith Rd, Building 519, Fort Jones, GA 12345)
- * Mailing address (may be the same for multiple locations)
- * Phone number (Commercial and DSN)
- * FAX number (Commercial and DSN)
- * Contact person by position (e.g., Chief of Pharmacy, NCOIC)
- * DEA number (This is the number used when dealing with your Prime Vendor. The DEA number may be the same for all locations)
- * Current NCPDP number or old NABP number if applicable

Facilities that would like to obtain direct access to the DEA Web Database should contact Patricia Chamberlain at the CSSC by e-mail:

*Patricia.
Chamberlain
@tmssc.
brooks.af.mil*

Or by calling the CSSC

Assist MTFs with Drug Enforcement Agency (DEA) numbers for data clean-up

Prescriptions from non-MTF providers that are filled at MTFs require a provider Social Security Number, DEA Number, Foreign Identification Number, or a State License Number to be processed by PDTs. All transactions sent to PDTs without a DEA number or one of the other approved unique provider identification numbers will be rejected and will not be processed.

The CSSC will assist MTFs in the process of cleaning up their DEA number file and table by searching the DEA Web Database for provider DEA numbers that the MTF is having problems locating. The following e-mail address has been established for MTFs to contact the CSSC for assistance:

tmssc.dea#@tmssc.brooks.af.mil

MTFs need to send the CSSC an e-mail message containing the following information:

- * Provider's full name
- * City and State in which business office is located
- * Zip Code (first 5 digits) of business address

The CSSC will search the DEA Web Database and send an e-mail message to the requesting MTF with the results of the search. Prior to deployment of PDTs, the CSSC will send out periodic messages reminding the MTFs of this service. However, the service will continue after PDTs is deployed.

Assist sites with National Drug Code (NDC) number identification

All drug items used in the MHS must be identified with a unique NDC number. All transactions sent to the PDTs without a NDC number will be rejected and will not be processed. For drugs affected by a closed class or mandatory source contract, the NDC numbers submitted to PDTs must be the specific NDC numbers for the contract drugs in order to be processed. For compounded items, the NDC number of the most significant ingredient should be transmitted for the purpose of prospective drug utilization review.

The CSSC will assist MTFs in the process of cleaning up their NDC number file and table by researching a NDC number database owned by the PEC. The following e-mail address has been established so that MTFs can contact the CSSC for assistance in searching the NDC database:

tmssc.ndc#@tmssc.brooks.af.mil

The CSSC will need the following information:

- * Generic name, strength, and dosage form
- * Brand name
- * Product package size
- * Manufacturer's name

Upon receipt of a request for a NDC number the CSSC will research the NDC database and will send an e-mail message to the requesting MTF with the results of the search.

The PDTS/TMSSC Customer Service Support Center continued from Page 4

Prior to deployment of PDTS, the CSSC will send out periodic messages reminding the MTFs of this service. However, the service will continue after PDTS is deployed.

Assist in processing prescription requests for drugs requiring prior authorization

Requiring approval to prescribe selected medications is a common practice of managed care organizations to help promote clinically sound and cost-effective pharmaceutical care. While the NMOP contractor and all of the Managed Care Support Contractors (MCSCs) manage their prior authorization programs centrally, there has been no one activity within the MHS with the capacity to take on this function for the MTFs. With the establishment of the CSSC as part of the PEC, the CSSC is ideally situated to assist in the issuing of prior authorizations and to centrally monitor and report on the use of drugs subject to prior authorization. In addition, PDTS and the CSSC offer the capacity to serve as a central repository and clearinghouse for prior authorizations approved by individual points of service. This would allow prior authorizations to be available across all points of service and facilitate consistent and equitable management of the prior authorization process. More information concerning the potential role of the CSSC in assisting with prior authorizations will be provided to the MHS as soon as available.

... the CSSC is ideally situated to assist in the issuing of prior authorizations and to centrally monitor and report on the use of drugs subject to prior authorization.

Prepare standardized and *ad hoc* management reports

PDTS will have the capability to generate standardized reports from central repository data to assist the DoD pharmacy community in managing the benefit. The content, format, and frequency of these reports are currently under development. An *ad hoc* report package will also be developed as additional requirements are identified. The CSSC will function as the central point for distributing reports generated from PDTS. More information will be provided to the MHS as soon as reports and procedures have been developed.



Stay tuned for further developments!

CSSC Personnel

Patricia K. Chamberlain is a PDTS Customer Service Coordinator/Administrative Support. Her previous job at TMSSC was as a Call Coordinator, the first point-of contact with customers and a trainer for new employees. Before joining TMSSC, Patricia was a Staff Coordinator for the Podiatric Residency Training Program at the University of Texas Health Science Center at San Antonio for 5 years.

Chip J. Cratchy CPhT, PDTS Clinical Support Coordinator, is currently assisting MTFs to obtain NCPDP numbers and locate provider DEA numbers. Prior to joining CSSC, Chip was at Brooke Army Medical Center for 7 years as an Inpatient IV Tech and Vault Custodian. Before becoming a pharmacy technician, Chip was a self-employed Disc Jockey in Wisconsin, where he acquired most of his Public Relations skills!

Sonya M. Edom CPhT: As PDTS Customer Service Supervisor, Sonya provides guidance and mentoring to the PDTS customer service staff. She has experience as a systems analyst for the CHCS Pharmacy module, and before joining TMSSC was on active duty for 7½ years as an Air Force Pharmacy Technician, serving at Wright Patterson AFB and Fairchild AFB.

Rosemary Gonzalez CPhT, PDTS Clinical Support Coordinator, is currently developing procedures for utilizing the Automated Call Distribution system used by TMSSC to receive trouble calls. She was previously the Fill Technician Supervisor at Neighborcare Pharmacy in San Antonio for 4 years. She is an active Army Reserve Medic and before joining the Reserve served 13 years on active duty, including service in Desert Shield/Storm.

CSSC Personnel *continued from Page 5*

Stacy M. Leonard CPhT, PDTS Clinical Support Coordinator, is currently creating a database of NDC numbers to support quantity limits, mandatory source and closed class contracts. She has been a pharmacy technician for 11 years. Before joining TMSSC, Stacy developed and managed the pharmacy Third Party Collections Program at Brooke Army Medical Center. She is prior military and has experience in civilian hospital, home healthcare & retail pharmacy settings.

Crystal D. Little CPhT is the Project Officer for PDTS at TMSSC, providing oversight and management to support PDTS. Previously, Crystal managed ACS personnel & provided support for the CHCS Pharmacy module from Apr 95 to Sep 99. Before joining TMSSC, she was a Civilian Pharmacy Technician at Andrews AFB for 7 years

Selene D. Perez CPhT, PDTS Customer Service Coordinator, is the newest member of the PDTS Team. Before joining TMSSC, Selene was a pharmacy technician at NeighborCare Pharmacy in San Antonio for

2 years. She has prior experience with customer service at Sears Teleservice.

Beth Spearman CPhT, PDTS Clinical Support Coordinator, is part of the PDTS team, helping sites obtain NCPDP numbers and searching for missing DEA numbers. She is currently creating a database of NCPDP information for MTF dispensing sites. Beth is a former Army Pharmacy Technician and most currently was working for a contractor at Brooke Army Medical Center.

Roger F. Williams RPh, MS works for ACS Government Solutions Group as Clinical Support Supervisor for the PDTS project. He recently retired from the Army, where he served in operational pharmacy positions ranging from staff pharmacist to Director of Pharmacy. Prior to his retirement he served as the Pharmacy Program Manager at U.S. Army Medical Command and as the Pharmacy Consultant to the Army Surgeon General.

Additional staff members will be added to the CSSC as PDTS is deployed across the MHS.

Tentative Timeline

PDTS is currently scheduled to alpha test at Wright Patterson AFB on 17 March 2000. The alpha test will last approximately 3 to 4 weeks. At that time the Customer Service Support Center will assume its traditional role of customer service support.

PDTS will be introduced into the National Mail Order Pharmacy Program on or about 1 April 2000, followed closely by the first of the Managed Care Support Contractors. Gradual deployment of PDTS in the direct care system should begin in April 2000, with a speed up during the third quarter of fiscal year 2000. Full deployment of PDTS is scheduled for late FY 2000 to early FY 2001.

Dates are subject to change!

For More Information

PDTS/TMSSC Customer Service Support Center

Toll-free number	CONUS: 1-800-600-9332	OCONUS: (AT&T access code)- 1-800-981-5339
Main number	Commercial (210) 536-4150	DSN 240-4150
Crystal Little TMSSC Project Officer for PDTS	(210) 536-6075	240-6075
Roger Williams PDTS Clinical Support Supervisor	(210) 536-9736	240-9736

Pharmacy Integrated Project Website:

<http://www.tricare.osd.mil/pmo/pharmacy/pharmacy.html>

Pharmacoeconomic Center Point-of-Contact

MAJ Donald De Groff
Commercial (210) 295-9635; DSN 421-9635
E-mail: donald.degroff@amedd.army.mil



Contract Updates

Ordering Diabetes Instructional Materials on the Web

To support the recent DoD/VA sole source procurement contract for human insulin N, R, L, and 70/30 (10 mL vials), Novo Nordisk has placed an order form on their website to enable DoD and VA facilities to order diabetes instructional materials via the Internet. To order, visit the Novo-Nordisk website at:

<http://www.novo-nordisk.com>

and click on the American Flag button. First-time visitors will need to register a user ID and password, which will then be used for future orders. Ordering instructions are available on-line.

More information on the human insulin contract is available on the PEC website (click on “Pharmaceutical Contracts”). The contract effective date for the insulin contract was 1 Nov 99. All Military MTFs and the NMOP (as well as all VA facilities) are required to purchase Novolin N, Novolin R, Novolin L, or Novolin 70/30 from Novo Nordisk whenever 10 mL vials of (rDNA) Human Insulin products are required. The contract does not apply to other formulations of insulin products or to package sizes other than 10 mL vials.

New Generic Contracts

Four new DoD/VA mandatory source generic contracts have been awarded by the VA National Acquisition Center (NAC), in cooperation with Defense Supply Center Philadelphia (DSCP).

All DoD and VA facilities are required to use the contract products whenever these products are required.

PEC Point-of-Contact

MAJ Don De Groff MSC, USA
(210) 295-9635, DSN 421-9635
Donald.Degroff@amedd.army.mil

Drug	Manufacturer	Strength	NDC	Package Size	Package Cost	Tablet or Capsule Cost	Contract Base Period	Potential Annual Cost Avoidance
Timolol Maleate 0.25% and 0.5% Solution	Alcon	0.25%	61314-226-05	5 ml	\$1.46	NA	14 Jan 00 - 13 Jan 01	\$221,742
			61314-226-10	10 ml	\$1.94	NA		
			61314-226-15	15 ml	\$2.46	NA		
		0.5%	61314-227-05	5 ml	\$1.48	NA		
			61314-227-10	10 ml	\$1.96	NA		
			61314-227-15	15 ml	\$3.36	NA		
Timolol Maleate 0.25% and 0.5% Gel	Merck	0.25%	00006-3557-03	5 ml	\$5.04	NA	14 Jan 00 - 13 Jan 01	\$618,341
		0.5%	00006-3558-32	2.5 ml	\$3.38	NA		
			00006-3558-03	5 ml	\$5.99	NA		
Levobunolol 0.25% and 0.5% Solution	Bausch & Lomb	0.25%	24208-0545-05	5 ml	\$1.62	NA	14 Jan 00 - 13 Jan 01	\$33,377
			24208-0545-10	10 ml	\$2.46	NA		
		0.5%	24208-0505-05	5 ml	\$1.58	NA		
			24208-0505-10	10 ml	\$2.75	NA		
			24208-0505-15	15 ml	\$3.15	NA		
Gemfibrozil 600 mg tablets	Warner Chilcott	600 mg	00047-0084-20	60	\$3.30	\$0.055	1 Jan 00 - 12 Dec 00	\$226,479
			00047-0084-30	500	\$27.20	\$0.054		

NEW DRUG WATCH

Recent FDA Drug Approvals

Allergic Conjunctivitis

- Nedocromil sodium ophthalmic solution (Alocril; Allergan); itching of the eye (approved 8 Dec 99)
- Pemirolast potassium ophthalmic solution (Alamast; Santen); itching of the eye (approved 24 Sep 99)

Attention Deficit Hyperactivity Disorder

- Methylphenidate extended release 10-mg tablets (Metadate ER; Medeva); ADHD (approved 20 Oct 99; first 10-mg ER tablet)

Cardiology

- Aspirin / dipyridamole capsules (Aggrenox; Boehringer Ingelheim); reduction in stroke risk (approved 23 Nov 99)
- Dofetilide capsules (Tikosyn; Pfizer); maintenance of normal sinus rhythm in patients with atrial fib/flutter (approved 4 Oct 99)

Dermatology

- Mequinol / tretinoin topical solution (Solage; Bristol Myers Squibb); solar lentigines (age spots) (approved 14 Dec 99)

Infectious Disease

- Ciclopirox Topical Solution (Penlac Nail Lacquer; Aventis); fingernail and toenail onychomycosis (approved 17 Dec 99)
- Dalfopristin / quinupristin injection (Synercid; RPR); complicated skin & skin structure infections; VRE (approved 21 Sep 99)
- Gatifloxacin tablets & injection (Tequin; Bristol-Myers Squibb); acute bacterial exacerbations of chronic bronchitis, acute sinusitis, CAP, urinary tract infection, pyelonephritis, uncomplicated gonorrheal infections (approved 17 Dec 99)
- Moxifloxacin tablets (Avelox; Bayer); common respiratory tract infections (acute bacterial exacerbations of chronic bronchitis, CAP, and acute bacterial sinusitis) (approved 10 Dec 99)
- Oseltamivir capsules (Tamiflu; Roche); uncomplicated acute illness due to influenza in adults symptomatic for no more than two days (approved 27 Oct 99; currently available)

Intensive Care

- Dexmedetomidine HCl intravenous injection (Precedex; Abbott); sedative for use in patients hospitalized in intensive care settings (approved 17 Dec 99)

Parkinson's Disease

- Entacapone tablets (Comtan; Orion / Novartis); adjunct to levodopa/carbidopa in patients who experience end of dose "wearing-off" (approved 19 Oct 99)

Oncology

- Bexarotene capsules (Targretin; Ligand Pharma); refractory cutaneous manifestations of T-cell lymphoma (approved 29 Dec 99)
- Epirubicin HCl intravenous injection (Ellence; Pharmacia & Upjohn); adjuvant therapy in patients with evidence of axillary node involvement after resection of primary breast cancer (approved 15 Sep 99)
- Exemestane tablets (Aromasin; Pharmacia & Upjohn); advanced breast cancer in postmenopausal women with disease progression following tamoxifen therapy (approved 21 Oct 99)

Pediatrics

- Caffeine citrate injection (Cafcit; Roxane); apnea of prematurity (approved 21 Sep 99; currently available)
- Poractant alfa intratracheal suspension (Curosurf; Dey Labs); rescue treatment of RDS in premature infants (approved 18 Nov 99)
- Somatropin (rDNA origin) injectable suspension (Nutropin Depot; Genentech / Alkermes); pediatric growth hormone deficiency (approved 22 Dec 99; first long-acting recombinant growth hormone)

Renal Transplantation

- Sirolimus oral solution (Rapamune; Wyeth-Ayerst); prophylaxis of organ rejection (approved 15 Sep 99)

Seizure Disorder

- Levetiracetam tablets (Keppra; UCB); adjunctive therapy for partial onset seizures (approved 1 Dec 99)

Women's Health

- Ethinyl estradiol / norethindrone tablets (Femhr; Parke Davis); vasomotor symptoms; prevention of osteoporosis (approved 15 Oct 99)
- Estradiol / norgestimate tablets (Ortho-Prefest; Ortho McNeil/RW Johnson); vasomotor symptoms, vulvar/vaginal atrophy, prevention of osteoporosis (approved 22 Oct 99)

Important Note



Over the next few months, the PEC plans to phase out hard-copy distribution of the *Update* in favor of an electronic version to be distributed by e-mail to all MTF pharmacies and other interested parties. If you are on our current subscriber list (or would like to be!) and wish to receive the electronic version of the *Update*, please send us your e-mail address. If you need to continue to have a hard-copy of the *Update* mailed to you, please let us know.

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